

RSPA WAIVER REQUEST

TITLE (*state applicable functional area in 6 words or less*): **Non-Federal Reimbursable Agreements (Incremental Funding)**

1. **What internal rule, regulation, policy, procedure, process, etc. are you requesting to be waived** (*cite rule and provide brief narrative*): RSPA Order 1100.2A, Delegations of Authority and the RSPA Administrator's memo of 9/28/95, Delegations of Authority for Work Acceptance, to the Director of the Volpe National Transportation Systems Center. Currently the RSPA Administrator approves all incremental funding for non-Federal reimbursable agreements in which funding limits have already been set by the Administrator's prior approval of the reimbursable agreements. Except with respect to agreements with foreign governments and foreign private entities, this "up-front" waiver delegates authority to the Director of the Volpe National Transportation Systems Center to approve incremental funding within the upper funding limit and scope of the non-Federal reimbursable agreements originally approved by the Administrator. **NOTE:** Incremental funding agreements that revise substantive work requirements and/or propose modifications to the original funding agreement and all agreements with foreign governments and other foreign entities will continue to be approved by the Administrator and will remain subject to present review procedures.

2. **What organizational benefit do you expect to accomplish through this waiver?** Streamlines the process, allows for expeditious approval, and reduces paperwork

3. **How long do you want this waiver to be in effect?** Permanently

4. **By submission of this form, consultation has been completed with** ("x" where applicable):

() Approving Official () Labor Union (X) Legal () Other (*specify*):


5. **Name of Initiator:** _____ **Telephone No.** _____

has submitted this waiver request on: _____

6. (X) "Up-front" Waiver ("x" if applicable)

APPROVING OFFICIAL:

This waiver request has been ("x" where applicable and complete):

(X) Approved by  on 10/15/98
(Kelley S. Coyner Administrator)

() Recommended for disapproval by _____ on _____
because: _____
(Typed Name and Title)

INDEPENDENT OFFICIAL:

() Approved by _____ on _____
(Stephen D. Van Beek, Deputy Administrator)

() Disapproved by _____ on _____
(Stephen D. Van Beek, Deputy Administrator)